

2863  
2863

## TRANSMITTAL FORM

Attorney Docket No.  
0257061C/2631CIn re the application: **Lav IVANOVIC et al.**Confirmation No: **5960**Serial No: **10/829,408**Group Art Unit: **2863**

Filed: April 20, 2004

Examiner: **Nghiem, Michael P.****For: Automatic Calibration of a Masking Process Simulator****ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief ( <i>in triplicate</i> )
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input checked="" type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts		*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from _____ to _____.		
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

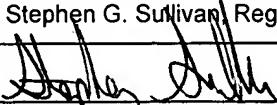
**CLAIMS**

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	30	30	0	\$18.00	\$ 0.00
Independent Claims	2	3	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

**METHOD OF PAYMENT**

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$110.00 to Deposit Account No. 12-2252 (LSI Logic Corporation) for payment of disclaimer fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 12-2252 (LSI Logic Corporation).

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Attorney Name	Stephen G. Sullivan Reg. No. 38,329
Signature	
Date	September 30, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **September 30, 2004**

Type or printed name	Jinny Nguyen
Signature	